

Special Education Teacher Observation

Student _____ Date _____

Teacher/Observer _____ Class/Subject _____

Special Education Services _____ Special Education Hours per week _____

1. Please describe any types of special education interventions being provided for this student at this time: _____

2. Does this student appear to continue to have the identified disability? ☐ Yes ☐ No

3. Does this student continue to need special education and/or related services? ☐ Yes ☐ No

4. Describe this student's general classroom behavior and work habits:

Strengths _____

Weaknesses _____

5. Is the current program appropriate for this student? ☐ Yes ☐ No
If no, what information is needed to improve program planning for this student? _____

6. Please indicate any other concerns regarding this student: _____

Special Education Teacher's Signature _____ Date _____

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT BE HELPFUL IN MEETING THIS STUDENT'S EDUCATIONAL NEEDS